



ALASKA FMNP AND SFMNP COMPLAINT FORM

Please send your completed form to one of the following depending on the conditions of the complaint:

FMNP – Send ORIGINAL form to: Farmers Market Nutritional Program, PO Box 110612, Juneau, Alaska 99811-0612

SFMNP – Send ORIGINAL form to: Senior FMNP, PO Box 240249, Anchorage, Alaska, 99524-0249

Complaint Against (select one): _____ Market Manager/Farmer/Farm Stand _____ Participant _____ Other

Name of Market Manager/Farmer/Farm Stand/Participant/Other: _____

Complaint Submitted by (select one): _____ Market Manager/Farmer/Farm Stand _____ Participant _____ Other

Your Name: _____ Phone Number: (_____) _____ - _____

Address: _____

Witness Name: _____ Phone Number: (_____) _____ - _____

What happened (include names, time, date and any additional relevant information):

Signature: _____

Today's date: ____ / ____ / ____

OFFICE USE ONLY:

Complaint accepted by: _____ Date Stamp: _____

Name of Local WIC or Senior Agency: _____

Local WIC or Senior Agency Action Taken: _____
